

UNCLASSIFIED



Department of War Influenza Surveillance and Mid-Season Vaccine Effectiveness

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*Representing DoW CONUS/OCONUS lab-based influenza surveillance activities

March 12, 2026

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Disclaimer



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Briefing Outline



- Purpose: To provide an update to on DoW influenza surveillance activities for 2025–2026
 - Program Descriptions
 - Vaccine Effectiveness in DoW Populations
 - ✓ DoW Beneficiaries
 - ✓ DoW Active Component Service members
 - DoW Phylogenetic Analyses
 - DoW Antigenic Characterization



Influenza Surveillance in the DoW: Overview



- **Global Influenza Surveillance**
 - Approximately 400 locations in over 30 countries
 - ✓ Military, local government/academic
 - Extensive characterization capabilities within the DoW
 - ✓ Culture, PCR, sequencing, serology
 - Rapid sharing of results with CDC and/or regional WHO reference centers
- **Comprehensive Epidemiology and Analysis Capabilities**
 - Over 12 million Active Component records (health care utilization, immunizations, deployment, reportable diseases, etc.)
 - ✓ Produce *Medical Surveillance Monthly Report (MSMR)*, ad-hoc requests, studies/analyses
 - ✓ Weekly influenza reports
 - ✓ Vaccine safety and effectiveness studies

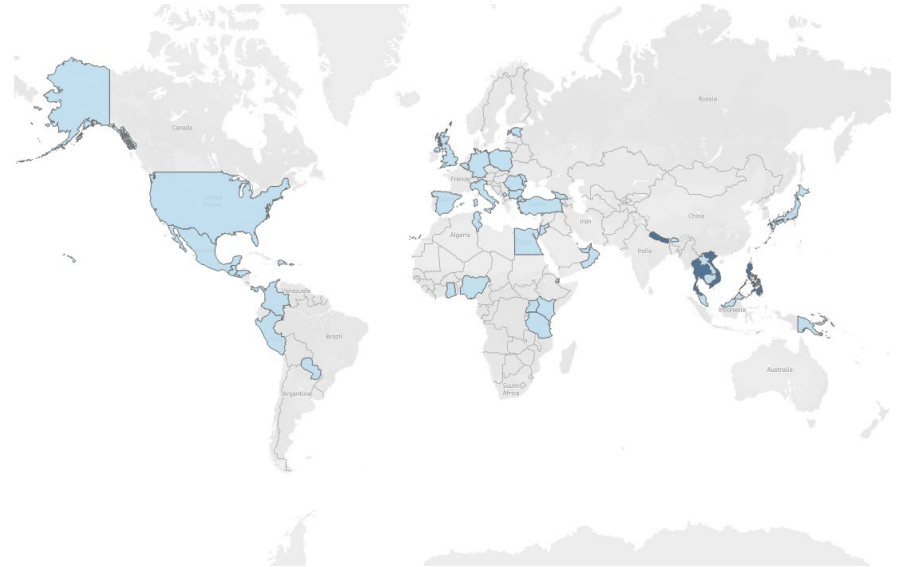


Influenza Surveillance in the DoW: GEIS



- The Global Emerging Infectious Surveillance (GEIS) partner laboratories form a wide-reaching network across the globe.
- Influenza surveillance activities in the DoW complement other existing global efforts:
 - Surveil some locations where data do not otherwise exist (e.g., Djibouti, Tanzania)
 - Surveil service members and their beneficiaries, U.S. civilians, and foreign national populations
 - The DoW service member population is highly vaccinated and widely distributed across the globe.

GEIS-Funded Laboratory Influenza Surveillance Footprint

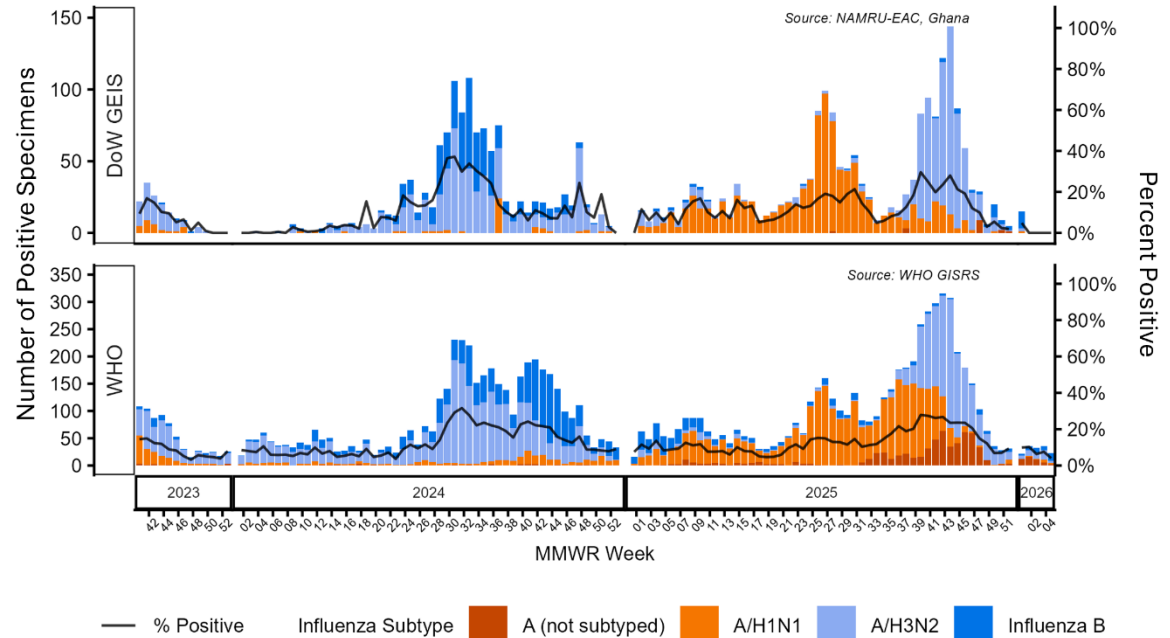




Influenza Surveillance: Subtype Circulation – West Africa



- Data collected from the GEIS surveillance network typically mirrors what is seen in WHO FluNet and in some cases may be the primary source of data.

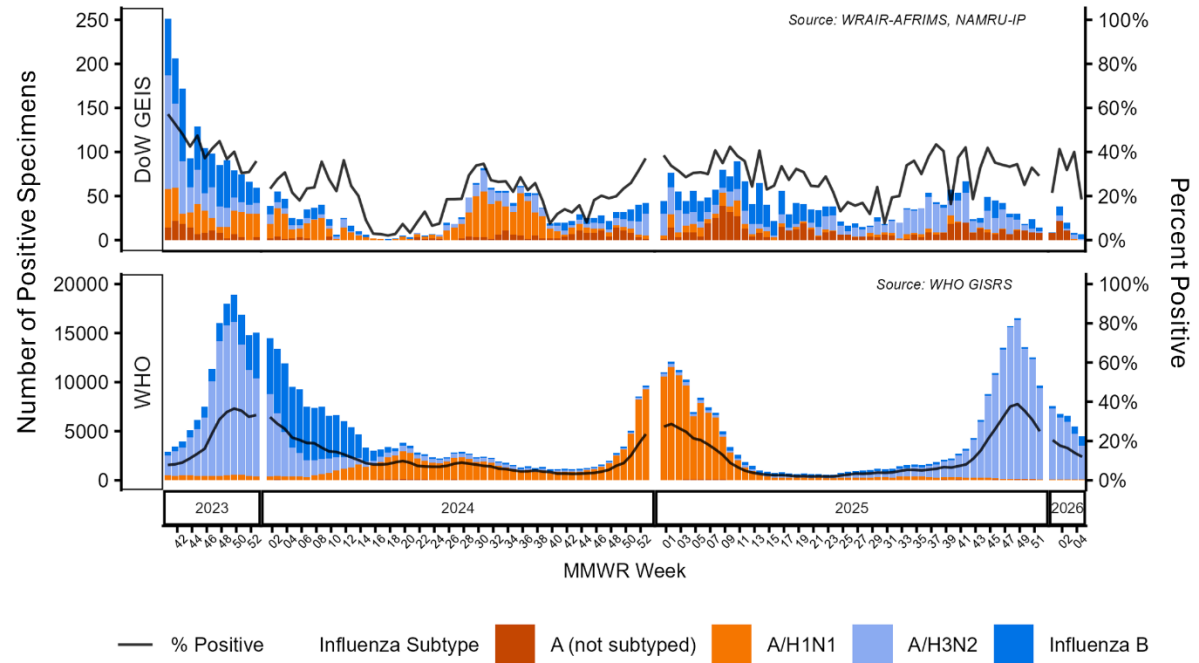




Influenza Surveillance: Subtype Circulation – Asia



- Data collected from the GEIS surveillance network typically mirror what is seen in WHO FluNet and, in some cases, may be the primary source of data.
- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.





DoW Influenza Mid-Season Vaccine Effectiveness (VE) (1)



Case-Control Study of DoW TRICARE Beneficiaries



Beneficiary VE: Study Design and Case Definition

- Adjusted Estimates of Vaccine Effectiveness
 - Population: DoW TRICARE beneficiaries, excluding service members
 - VE against medically-attended (outpatient), influenza-like illness (ILI), laboratory-confirmed influenza cases
 - Time period: November 9, 2025–February 21, 2026 (Weeks 46–07)
- Influenza-like illness case definition:
 - Fever ($\geq 100.4^{\circ}\text{F}$) and cough, or
 - Fever ($\geq 100.4^{\circ}\text{F}$) and two or more additional symptoms (fatigue, body aches, sore throat, headache, sinus congestion, shortness of breath, chills, runny nose, loss of taste or smell, nausea/vomiting/diarrhea, acute respiratory distress), or
 - Physician-diagnosed ILI



Beneficiary VE: Analyses



- Adjusted Estimates of Vaccine Effectiveness
 - Adjusted for age, month of illness, and region
- Analyses by:
 - Influenza (overall) all dependents
 - Influenza (overall) adults (18–64 years)
 - Influenza (overall) children (6 months -17 years)
 - Influenza A (overall) all dependents
 - Influenza A (overall) adults (18-64 years)
 - Influenza A (overall) children (6 months -17 years)
 - Influenza A(H3N2) all dependents
 - Influenza A(H3N2) adults (18-64 years)
 - Influenza A(H3N2) children (6 months –17 years)
 - Influenza A (H1N1)pdm09 all dependents
 - Influenza B (overall) all dependents
 - Influenza B (overall) children (6 months -17 years)



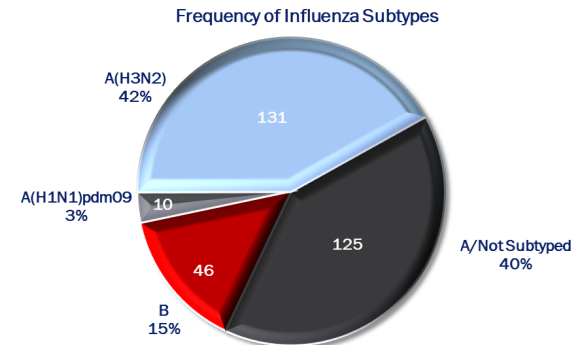
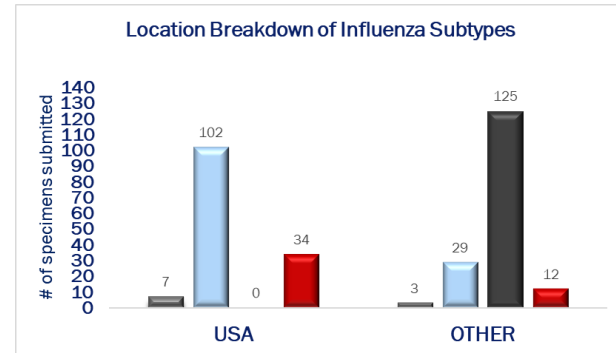
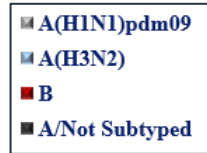
Breakdown of Data for VE analyses



- Laboratories contributing to analyses:
 - DCPH-D: n=627 (62%)
 - Landstuhl Regional Medical Center (LRMC): n=377 (38%)

- Cases: n=312 (31%)
 - 211 (68%) vaccinated
 - 101 (32%) unvaccinated

- Controls: n=692 (69%)
 - 466 (67%) vaccinated
 - 226 (33%) unvaccinated





Beneficiary VE: Case/Control Characteristics

| Characteristic | | Cases n=312 No.(%) | Controls n=692 No.(%) | p-Value |
|----------------------|---------------|--------------------------|-----------------------------|---------|
| Gender | Male | 145 (46.5) | 264 (38.2) | 0.0130 |
| | Female | 167 (53.5) | 428 (61.8) | |
| Age | 6m-5 | 81 (26.0) | 208 (30.1) | <0.0001 |
| | 6-9 | 51 (16.3) | 66 (9.5) | |
| | 10-17 | 93 (29.8) | 116 (16.8) | |
| | 18-24 | 18 (5.8) | 37 (5.3) | |
| | 25-44 | 43 (13.8) | 159 (23.0) | |
| | 45-64 | 26 (8.3) | 106 (15.3) | |
| Beneficiary Category | Adult (18-64) | 87 (27.9) | 302 (43.6) | <0.0001 |
| | Child (6m-17) | 225 (72.1) | 390 (56.4) | |
| Month of Illness | November | 27 (8.6) | 127 (18.4) | 0.0002 |
| | December | 88 (28.2) | 212 (30.6) | |
| | January | 111 (35.6) | 199 (28.8) | |
| | February | 86 (27.6) | 154 (22.2) | |



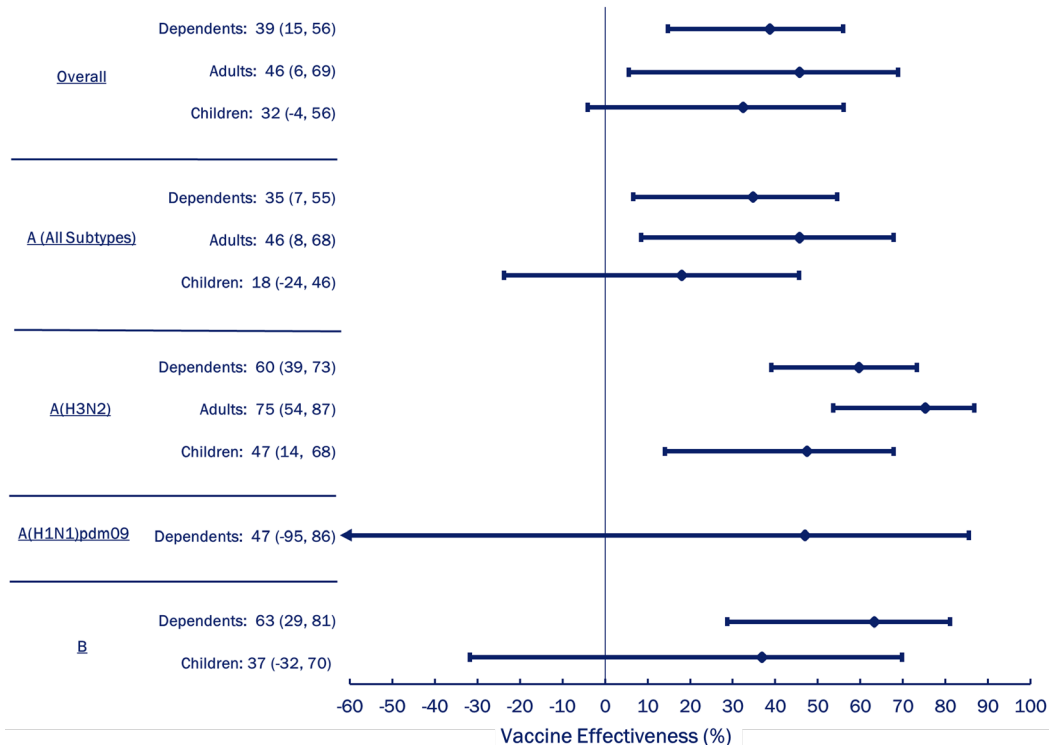
Beneficiary VE: 2025-2026 Mid-Season Influenza Estimates (1 of 2)

| Type | Population | Vaccine Status | Cases (%) | Controls (%) | Crude VE (95% CI) | Adjusted VE (95% CI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|------------|----------------|-----------|--------------|-------------------|----------------------|--------------|------------|-----|----------|----------|---------------|--------------|----|---------|----------|--------------|------------|-----|----------|----------|---------------|--------------|----|---------|----------|--------------|------------|-----|----------|----------|---------------|--------------|----|--------|----------|--------------|------------|-----|----------|----------|--------------|--------------|----|--------|----------|--------------|------------|-----|----------|----------|--------------|--------------|----|--------|----------|--------------|------------|-----|--------|----------|--------------|--------------|----|--------|----------|--------------|------------|-----|--------|----------|--------------|--------------|----|--------|----------|--------------|------------|-----|--------|----------|--------------|--------------|----|--------|----------|--------------|------------|-----|--------|----------|--------------|--------------|----|--------|----------|---|------------|-----|--------|----------|--------------|--------------|----|--------|----------|---|----------|-----|--------|----------|--------------|
| Overall | Dependents | Yes | 211 (21) | 466 (46) | -1 (-35, 24) | 39 (15, 56) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No | 101 (10) | 226 (23) | | | Overall | Adults | Yes | 51 (13) | 195 (50) | 22 (-27, 52) | 46 (6, 69) | No | 36 (9) | 107 (28) | Overall | Children | Yes | 160 (26) | 271 (44) | -8 (-55, 25) | 32 (-4, 56) | No | 65 (11) | 119 (19) | A | Dependents | Yes | 185 (19) | 466 (49) | -11 (-50, 18) | 35 (7, 55) | No | 81 (8) | 226 (24) | A | Adults | Yes | 48 (6) | 466 (60) | 27 (-17, 55) | 46 (8, 68) | No | 32 (4) | 226 (29) | A | Children | Yes | 137 (16) | 466 (53) | -36 (-95, 6) | 18 (-24, 46) | No | 49 (6) | 226 (26) | A(H3N2) | Dependents | Yes | 61 (7) | 466 (57) | 58 (38, 71) | 60 (39, 73) | No | 70 (9) | 226 (27) | A(H3N2) | Adults | Yes | 17 (2) | 466 (63) | 72 (47, 85) | 75 (54, 87) | No | 29 (4) | 226 (31) | A(H3N2) | Children | Yes | 44 (6) | 466 (60) | 48 (18, 67) | 47 (14, 68) | No | 41 (5) | 226 (29) | A(H1N1)pdm09 | Dependents | Yes | 5 (1) | 466 (66) | 52 (-69, 86) | 47 (-95, 86) | No | 5 (1) | 226 (32) | B | Dependents | Yes | 26 (4) | 466 (63) | 37 (-15, 66) | 63 (29, 81) | No | 20 (3) | 226 (31) | B | Children | Yes | 23 (3) | 466 (64) | 30 (-35, 64) |
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| A(H3N2) | Children | Yes | 44 (6) | 466 (60) | 48 (18, 67) | 47 (14, 68) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No | 41 (5) | 226 (29) | | | A(H1N1)pdm09 | Dependents | Yes | 5 (1) | 466 (66) | 52 (-69, 86) | 47 (-95, 86) | No | 5 (1) | 226 (32) | B | Dependents | Yes | 26 (4) | 466 (63) | 37 (-15, 66) | 63 (29, 81) | No | 20 (3) | 226 (31) | B | Children | Yes | 23 (3) | 466 (64) | 30 (-35, 64) | 37 (-32, 70) | No | 16 (2) | 226 (31) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A(H1N1)pdm09 | Dependents | Yes | 5 (1) | 466 (66) | 52 (-69, 86) | 47 (-95, 86) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No | 5 (1) | 226 (32) | | | B | Dependents | Yes | 26 (4) | 466 (63) | 37 (-15, 66) | 63 (29, 81) | No | 20 (3) | 226 (31) | B | Children | Yes | 23 (3) | 466 (64) | 30 (-35, 64) | 37 (-32, 70) | No | 16 (2) | 226 (31) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Dependents | Yes | 26 (4) | 466 (63) | 37 (-15, 66) | 63 (29, 81) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No | 20 (3) | 226 (31) | | | B | Children | Yes | 23 (3) | 466 (64) | 30 (-35, 64) | 37 (-32, 70) | No | 16 (2) | 226 (31) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Children | Yes | 23 (3) | 466 (64) | 30 (-35, 64) | 37 (-32, 70) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No | 16 (2) | 226 (31) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- **Overall Influenza:** VE was low and significant, producing 39% effectiveness in all dependents. In adults, VE was moderate and significant at 46% and low and not significant in children at 32%.
- **Influenza A (all subtypes):** VE was higher among adults (46%) than in all dependents (35%) and significant. The children population produced lower estimates and was not significant at 18%.
- **A(H3N2):** VE was moderate to highly protective and significant among all dependents (60%), adults (75%) and children (47%)
- **A(H1N1)pdm09:** VE was moderately protective and not significant among all dependents (47%).
- **Influenza B:** VE was more effective in the dependent population at 63% and significant. In the children, it was effective at 37% but not significant.



Beneficiary VE: 2025-2026 Mid-Season Influenza Estimates (2 of 2)



- **Overall Influenza:** VE was low and significant, producing 39% effectiveness in all dependents. In adults, VE was moderate and significant at 46% and low and not significant in children at 32%.
- **Influenza A (all subtypes):** VE was higher among adults (46%) than in all dependents (35%) and significant. The children population produced lower estimates and was not significant at 18%.
- **A(H3N2):** VE was moderate to highly protective and significant among all dependents (60%), adults (75%) and children (47%)
- **A(H1N1)pdm09:** VE was moderately protective and not significant among all dependents (47%).
- **Influenza B:** VE was more effective in the dependent population at 63% and significant. In the children, it was effective at 37% but not significant.



DoW Influenza Mid-Season Vaccine Effectiveness (2)



Case Test-Negative Control Design: Ambulatory Care
U.S. Active Component Service Members



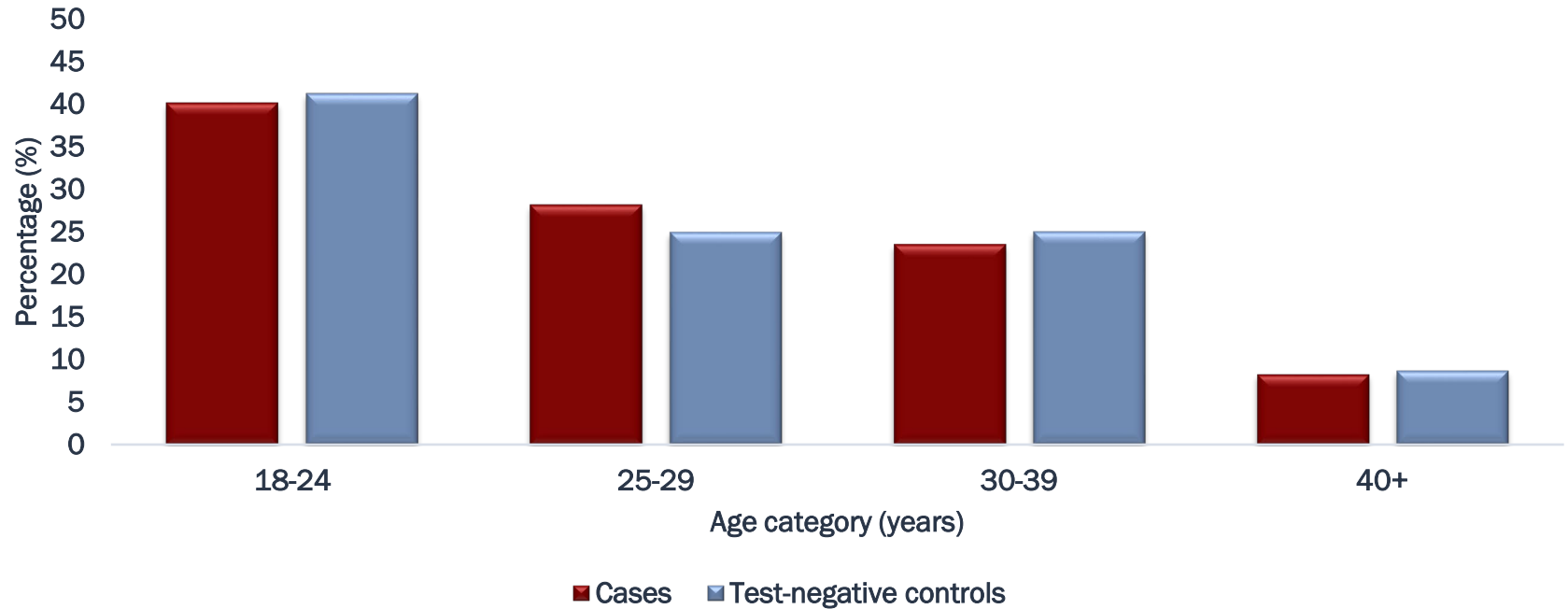
U.S. Service Members VE: Study Design (Ambulatory)



- Case test-negative control design (ambulatory subjects only)
- Population: Active component service members
- Army, Navy, Air Force, Marine Corps, Coast Guard, and Space Force
- Time Period: December 1, 2025 – February 11, 2026
- Lab-confirmed flu cases: positive by rapid, RT-PCR, or culture assays
- Test-negative Controls: negative by RT-PCR or culture assays (subjects with negative rapid excluded)
- Models adjusted for sex, age category, prior vaccination (yes or no in previous 5 years), and month of diagnosis



U.S. Service Members VE: Age Breakdown (Ambulatory)





U.S. Service Members VE: Vaccination & Cases (Ambulatory)

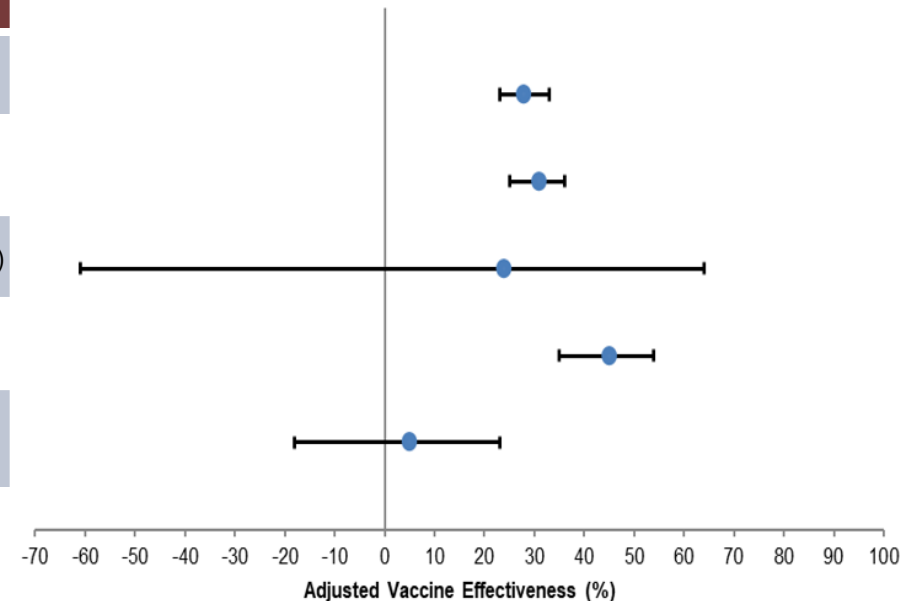
- Vaccination
 - Vaccination types included inactivated (80%), cell-based (14%), and other (6%)
 - 79% of subjects had prior flu vaccine in previous 5 years
- Cases
 - Influenza A (any subtype) = 5,893
 - Influenza A(H3N2) = 747
 - Influenza A(H1N1)pdm09 = 51
 - Influenza B = 738



U.S. Service Members VE: Interim Estimates (Ambulatory)

| Influenza Type | No. Cases (% Vaccinated) | No. Controls (% Vaccinated) | Crude VE (95% CI) | Adjusted VE (95% CI)* |
|------------------|-----------------------------|--------------------------------|----------------------|--------------------------|
| Overall | 6,611 (76) | 19,033 (78) | 8 (2, 14) | 28 (23, 33) |
| A (All subtypes) | 5,893 (75) | 19,033 (78) | 12 (6, 18) | 31 (25, 36) |
| A(H1N1)pdm09 | 51 (82) | 19,033 (78) | -35 (-277, 35) | 24 (-61, 64) |
| A(H3N2) | 747 (68) | 19,033 (78) | 38 (23, 47) | 45 (35, 54) |
| B | 738 (83) | 19,033 (78) | -43 (-74, -17) | 5 (-18, 23) |

*Adjusted for sex, age category, 5-year prior vaccination (Y/N), and month of diagnosis





DoW Sequencing & Phylogenetic Analyses – Outline

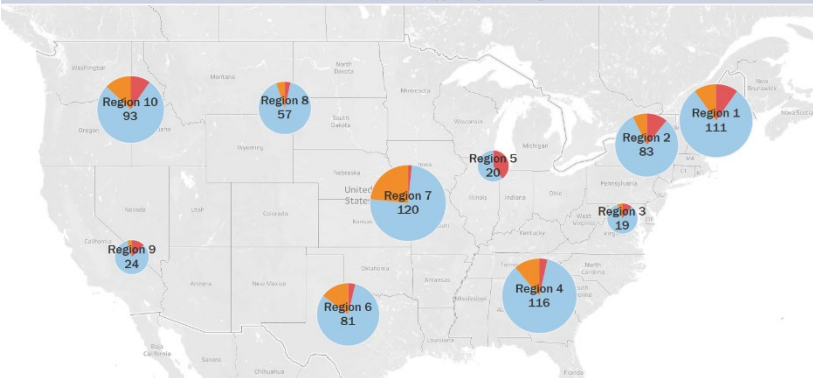


- Geographical distribution of influenza viruses characterized for the DoW
- Influenza A(H1N1)pdm09 phylogeny and cartography
- Influenza A(H3N2) phylogeny and cartography
- Influenza B subclade phylogeny and cartography

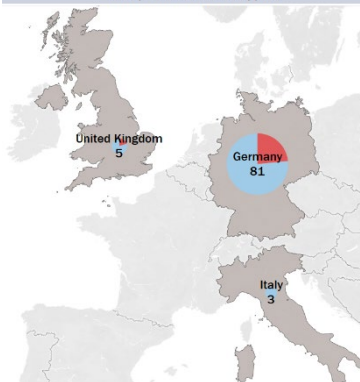


Geographical Distribution of 2025–2026 DoW Influenza Sequence Data

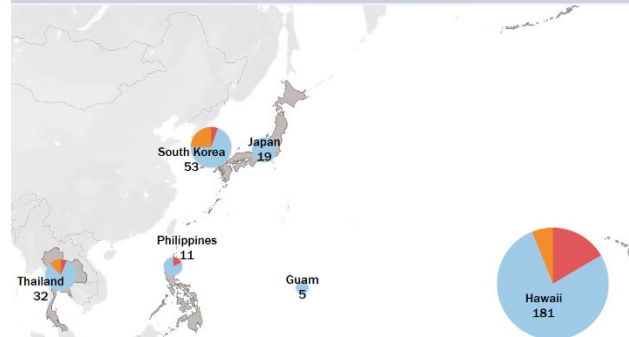
Distribution of Influenza Subtypes by HHS Region



Europe Influenza Subtypes



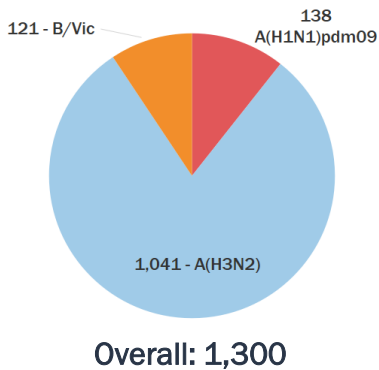
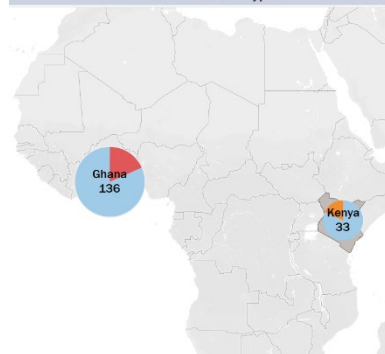
Indo-Pacific Influenza Subtypes



South and Central America Influenza Subtypes

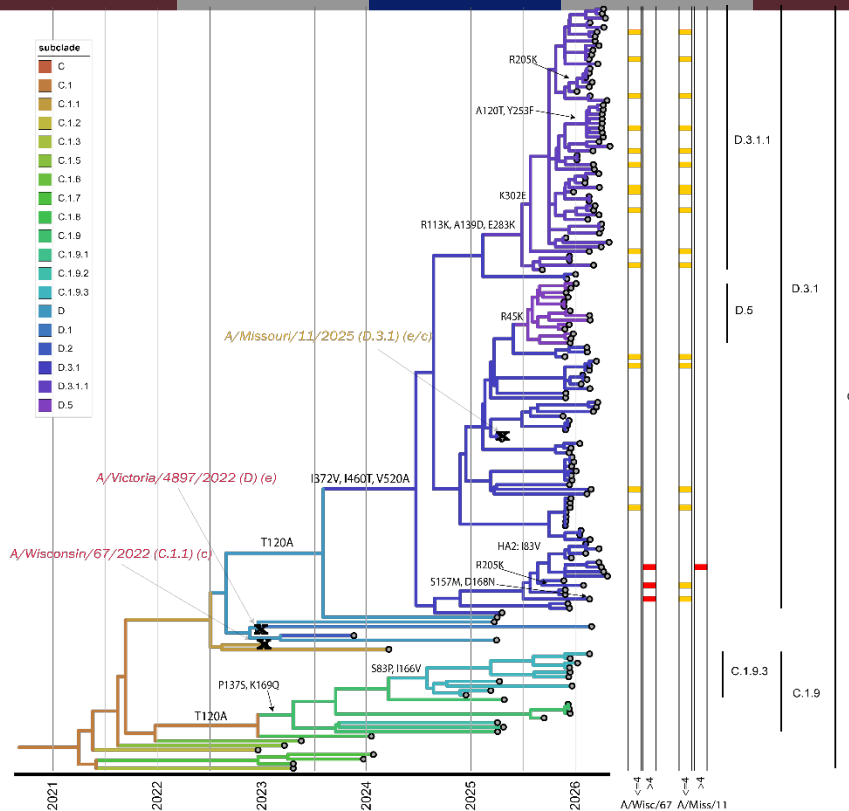


Africa Influenza Subtypes





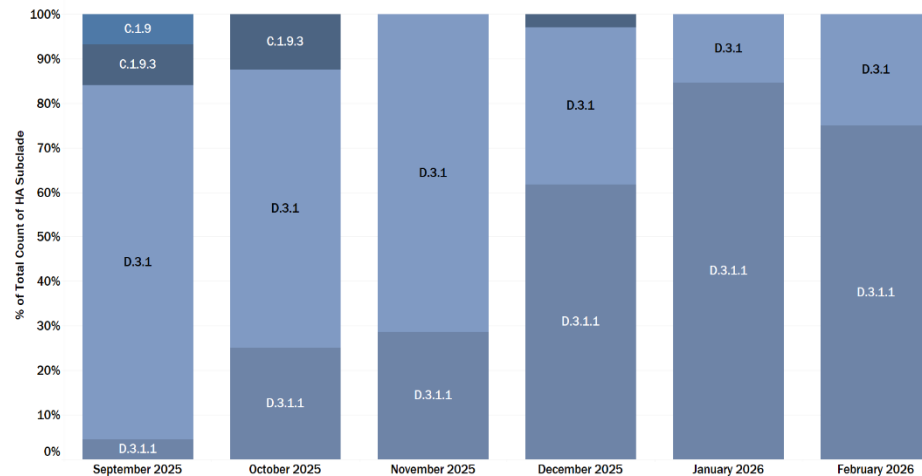
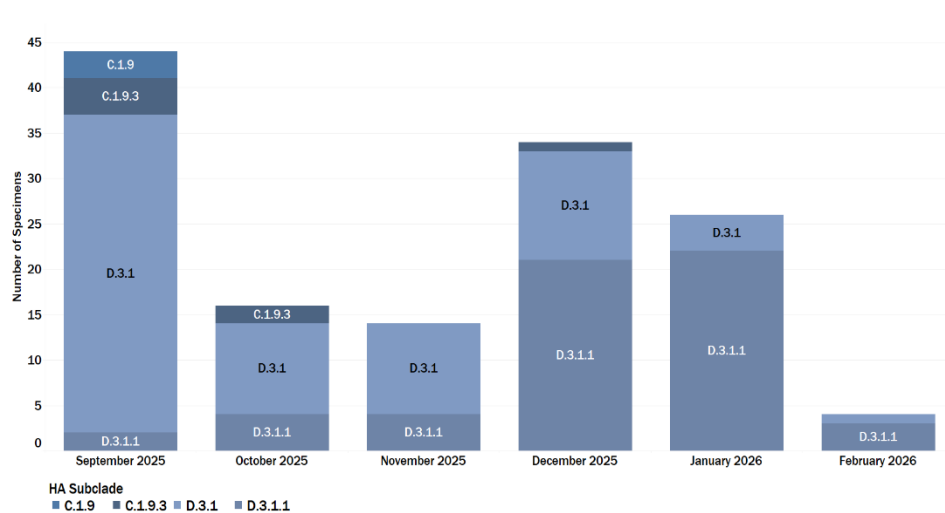
DoW Phylogenetic Analyses – A(H1N1)pdm09 HA



| Clade/Subclade | No. | % |
|----------------|-----|-------|
| 5a.2a | 10 | 7.2% |
| C.1.9 | 3 | 30.0% |
| C.1.9.3 | 7 | 70.0% |
| 5a.2a.1 | 128 | 92.8% |
| D.3.1 | 72 | 56.3% |
| D.3.1.1 | 56 | 43.7% |



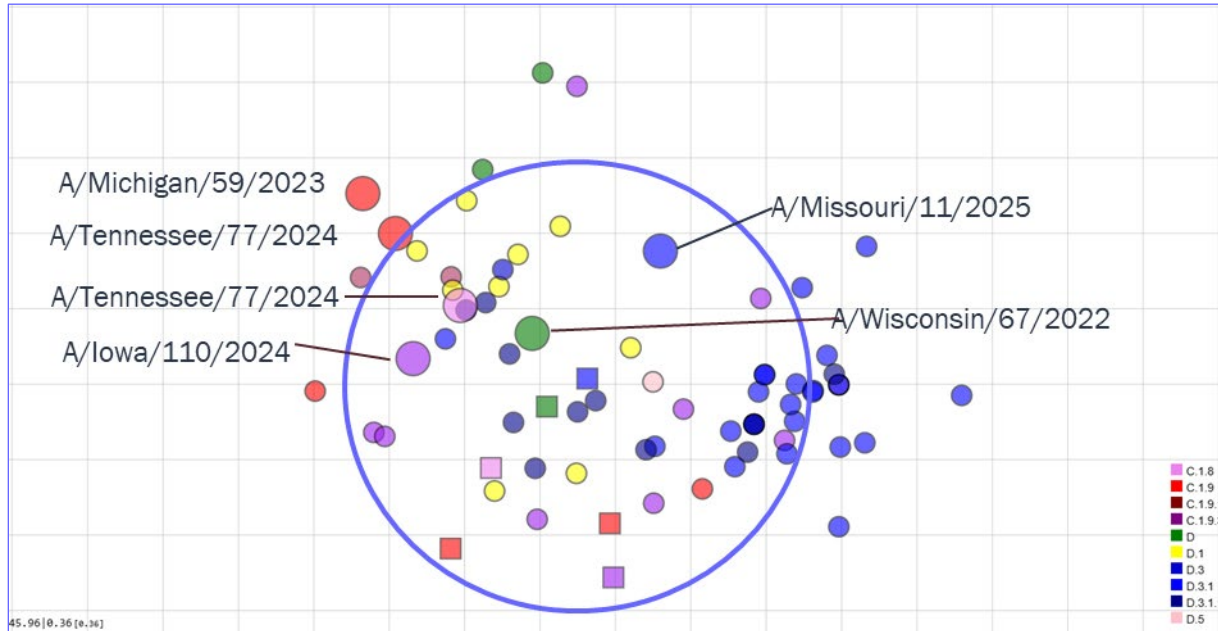
A(H1N1)pdm09 Clade Dynamics



- Proportionally, the season started with mostly D.3.1 followed by D.3.1.1
- Potentially, D.3.1 is beginning to increase in proportion as of February



DoW Antigenic Cartography: Influenza A/H1N1 isolates



- Most circulating viruses are antigenically similar (<8-fold) to antisera to A/Missouri/11/20205.
- D.3.1.1 and particularly D.3.1 viruses are separating antigenically from A/Wisconsin/67/2022.



A(H1N1)pdm09 HINT Titer Table

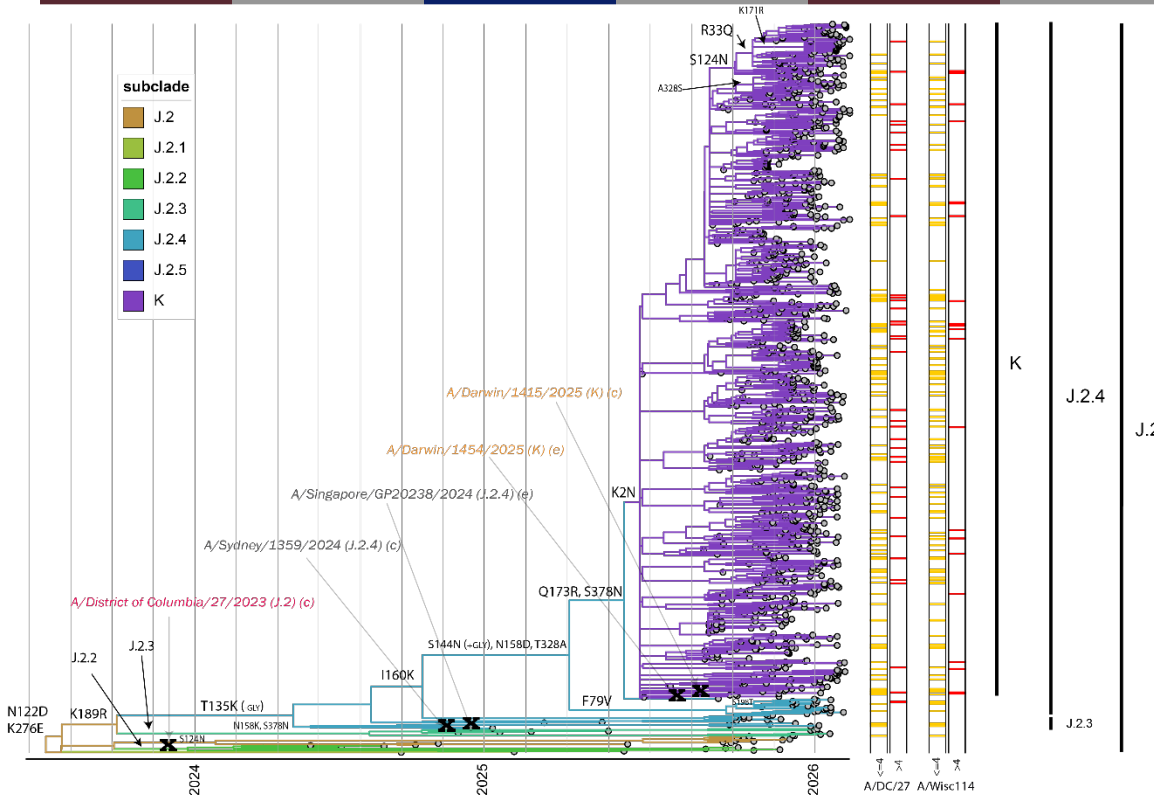


| | | Reference Antisera | | | | | | | |
|-----------------|------------------------|--------------------|--------------------|------------|------------|-------------|-----------------|-----------------|------|
| | | A/WI/67/22 c | A/Vic/4897/22 e | A/CT/17/23 | A/MI/59/23 | A/IA/110/24 | A/MO/11/25 c | A/MO/11/25 e | |
| Clade | | C.1.1 | D | C.1.8 | C.1.9 | C.1.9.3 | D.3.1 | D.3.1 | |
| Reference Virus | A/Wisconsin/67/2022 c | C.1.1 | 2560 | 1280 | 1280 | 640 | 1280 | 640 | |
| | A/Victoria/4897/2022 e | D | 640 | 320 | 320 | 80 | 320 | 160 | |
| | A/Connecticut/17/2023 | C.1.8 | 2560 | 640 | 1280 | 640 | 320 | 320 | |
| | A/Michigan/59/2023 | C.1.9 | 320 | 160 | 320 | 640 | 160 | 320 | |
| | A/Iowa/110/2024 | C.1.9.3 | 640 | 320 | 1280 | 1280 | 640 | 640 | |
| | A/Missouri/11/2025 c | D.3.1 | 640 | 640 | 640 | 320 | 320 | 640 | |
| | A/Missouri/11/2025 e | D.3.1 | 10240 | 2560 | 5120 | 5120 | 1280 | 640 | 640 |
| Test Virus | H125062 | C.1.9 | 640 | 160 | 640 | 1280 | 160 | 160 | 80 |
| | H125069 | C.1.9 | 1280 | 640 | 1280 | 1280 | 1280 | 320 | 1280 |
| | H125065 | C.1.9.1 | 320 | 320 | 640 | 640 | 160 | 320 | 160 |
| | H125066 | C.1.9.1 | 640 | 320 | 1280 | 640 | 320 | 640 | 640 |
| | H125073 | C.1.9.3 | 1280 | 320 | 640 | 2560 | 1280 | 640 | 640 |
| | H125092 | C.1.9.3 | 640 | 320 | 320 | 640 | 640 | 320 | 640 |
| | H125107 | C.1.9.3 | 1280 | 2560 | 1280 | 1280 | 640 | 640 | 640 |
| | H125063 | D | 640 | 320 | 320 | 320 | 80 | 320 | 320 |
| | H125074 | D | 320 | 160 | 80 | 160 | 40 | 320 | 160 |
| | H125081 | D.1 | 1280 | 1280 | 640 | 1280 | 160 | 1280 | 320 |
| | H125064 | D.3.1 | 1280 | 640 | 640 | 320 | 160 | 640 | 320 |
| | H125100 | D.3.1 | 640 | 1280 | 320 | 320 | 640 | 640 | 640 |
| | H125103 | D.3.1 | 320 | 1280 | 160 | 160 | 320 | 320 | 640 |
| | H125106 | D.3.1 | 640 | 2560 | 320 | 640 | 1280 | 1280 | 2560 |
| | H126002 | D.3.1 | 640 | 1280 | 320 | 320 | 640 | 640 | 1280 |
| | H126003 | D.3.1.1 | 640 | 1280 | 640 | 320 | 1280 | 640 | 1280 |
| | H126019 | D.3.1.1 | 2560 | 2560 | 1280 | 2560 | 1280 | 2560 | 2560 |
| H126021 | D.3.1.1 | 1280 | 1280 | 1280 | 1280 | 320 | 1280 | 1280 | |
| H125070 | D.5 | 1280 | 320 | 1280 | 1280 | 640 | 1280 | 1280 | |
| H125095 | D.5 | 320 | 320 | 160 | 160 | 320 | 320 | 1280 | |

- Antisera to the subclade D.3.1 strain A/Missouri/11/2025 (egg and cell) slightly outperformed the 2025-2026 vaccine strains A/Wisconsin/67/2022 (cell) and A/Victoria/4897/2022 (egg) against D.3.1 and D.3.1.1 viruses by having more strains within an 8-fold range.



DoW Phylogenetic Analyses – A(H3N2) HA



| Clade/Subclade | No. | % |
|----------------|------------|--------------|
| 2a.3a.1 | 1041 | 100% |
| J.2 | 14 | 1.3% |
| J.2.2 | 6 | 0.6% |
| J.2.3 | 7 | 0.7% |
| J.2.4 | 39 | 3.7% |
| K | 975 | 93.7% |



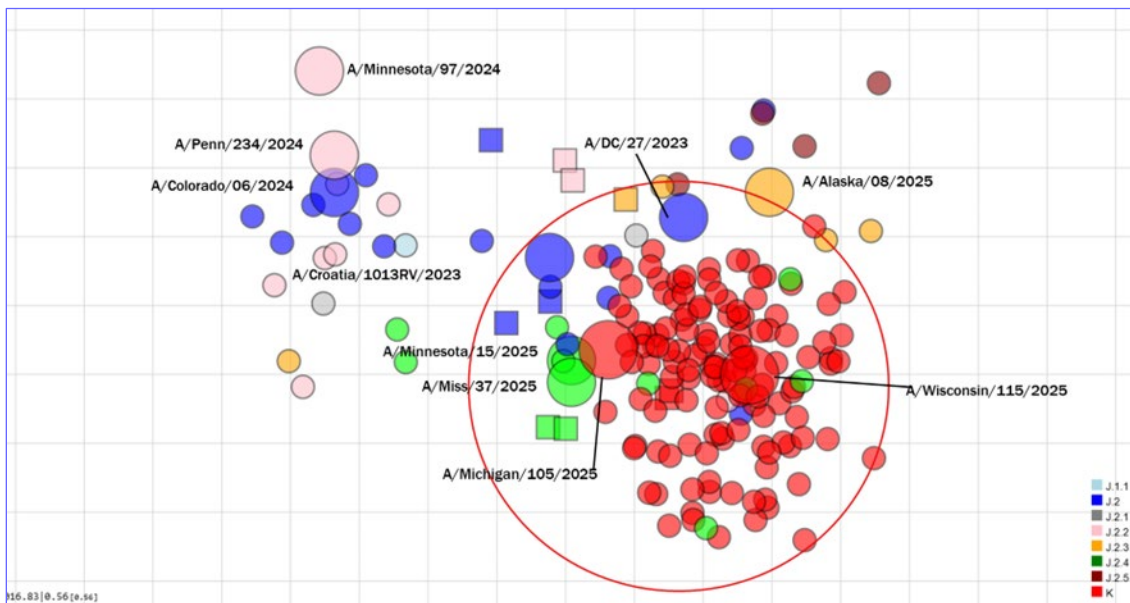
A(H3N2) Subclade Dynamics



- Subclade K has predominated throughout the season
- Other subclades such as J.2.3 and J.2.4 have still persisted in low numbers



DoW Antigenic Cartography: Influenza A/H3N2 Isolates



- Most subclade K viruses are antigenically distinct from other J.2 viruses.
- Subclade K viruses are well recognized by A/Michigan/105/2025, a A/Darwin/1415/2025-like virus.



A(H3N2) HINT Titer Table

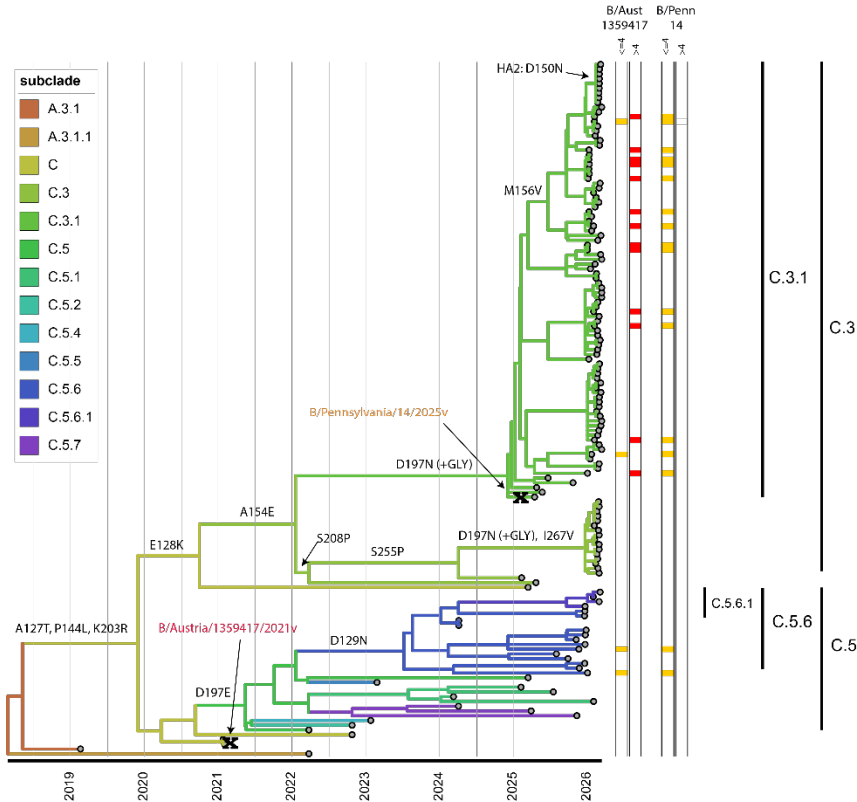


| | | Reference Antisera | | | | | | | |
|-----------------|--------------------------|------------------------|-----------------|------------|-------------|------------|-----------|-----------------|-----------------|
| | | A/Cro/10136 RV/23 e | A/DC/27/23 c | A/CO/06/24 | A/PA/234/24 | A/AK/08/25 | AMN/15/25 | A/M/105/25 e | A/W/114/25 c |
| Clade | | J.2 | J.2 | J.2.1 | J.2.2 | J.2.3 | J.2.4 | K | K |
| Reference Virus | A/DC/27/2023 c | J.2 | 10240 | 5120 | 2560 | 5120 | 2560 | 5120 | 5120 |
| | A/Croatia/10136RV/2023 e | J.2.1 | 5120 | 1280 | 640 | 1280 | 640 | 1280 | 2560 |
| | A/Colorado/06/2024 | J.2.1 | 2560 | 640 | 640 | 320 | 320 | 640 | 320 |
| | A/Pennsylvania/234/2024 | J.2.2 | 1280 | 320 | 640 | 320 | 320 | 320 | 640 |
| | A/Alaska/08/2025 | J.2.3 | 1280 | 320 | 320 | 320 | 1280 | 1280 | 1280 |
| | A/Minnesota/15/2025 | J.2.4 | 5120 | 2560 | 640 | 640 | 5120 | 10240 | 10240 |
| | A/Michigan/105/2025 | K | 10240 | 2560 | 160 | 1280 | 1280 | 10240 | 20480 |
| | A/Wisconsin/114/2025 | K | 1280 | 320 | 80 | 320 | 640 | 2560 | 10240 |
| Test Virus | H325085 | J.1.1 | 2560 | 640 | 320 | 1280 | 640 | 1280 | 2560 |
| | H325064 | J.2 | 5120 | 1280 | 640 | 1280 | 1280 | 2560 | 2560 |
| | H325075 | J.2 | 2560 | 640 | 80 | 160 | 640 | 5120 | 5120 |
| | H325103 | J.2 | 2560 | 1280 | 640 | 640 | 640 | 1280 | 640 |
| | H325107 | J.2 | 1280 | 640 | 640 | 640 | 320 | 640 | 640 |
| | H325071 | J.2.1 | 1280 | 640 | 640 | 320 | 80 | 1280 | 640 |
| | H325072 | J.2.1 | 5120 | 640 | 640 | 2560 | 2560 | 2560 | 5120 |
| | H325066 | J.2.2 | 1280 | 320 | 640 | 640 | 160 | 640 | 640 |
| | H325086 | J.2.2 | 1280 | 640 | 160 | 160 | 80 | 640 | 1280 |
| | H325089 | J.2.2 | 1280 | 320 | 160 | 160 | 160 | 320 | 1280 |
| | H325104 | J.2.2 | 2560 | 640 | 640 | 640 | 640 | 640 | 1280 |
| | H325084 | J.2.3 | 640 | 160 | 80 | 80 | 1280 | 1280 | 320 |
| | H325088 | J.2.3 | 1280 | 320 | 80 | 160 | 1280 | 1280 | 1280 |
| | H326082 | J.2.3 | 2560 | 640 | 320 | 1280 | 2560 | 2560 | 1280 |
| | H326071 | J.2.4 | 640 | 160 | 80 | 640 | 1280 | 2560 | 5120 |
| | H326088 | J.2.4 | 2560 | 1280 | 80 | 320 | 640 | 2560 | 2560 |
| | H326128 | J.2.4 | 1280 | 320 | 80 | 160 | 320 | 1280 | 5120 |
| | H326131 | J.2.4 | 640 | 320 | 20 | 40 | 320 | 5120 | 5120 |
| | H325077 | J.2.5 | 320 | 160 | 80 | 80 | 640 | 160 | 320 |
| | H325079 | J.2.5 | 2560 | 160 | 160 | 320 | 2560 | 640 | 640 |
| H325083 | J.2.5 | 1280 | 160 | 160 | 160 | 2560 | 1280 | 640 | |
| H325106 | J.2.5 | 2560 | 1280 | 640 | 1280 | 2560 | 1280 | 2560 | |
| H325094 | K | 1280 | 320 | 320 | 640 | 2560 | 2560 | 5120 | |
| H325095 | K | 320 | 320 | 160 | 640 | 640 | 2560 | 5120 | |
| H326006 | K | 1280 | 640 | 80 | 640 | 640 | 5120 | 10240 | |
| H326117 | K | 640 | 640 | 80 | 160 | 320 | 640 | 1280 | |
| H326118 | K | 640 | 320 | 80 | 160 | 640 | 1280 | 5120 | |
| H326130 | K | 1280 | 640 | 160 | 640 | 1280 | 2560 | 10240 | |

- Antisera to the subclade K strains A/Michigan/105/2025 (egg) and A/Wisconsin/114/2025 (cell) inhibited subclade K viruses much better than other antisera and generally provided protection across all subclades.
- A/Michigan/105/2025 and A/Wisconsin/114/2025 are A/Darwin/1454/2025-like and A/Darwin/1415/2025-like viruses, respectively.



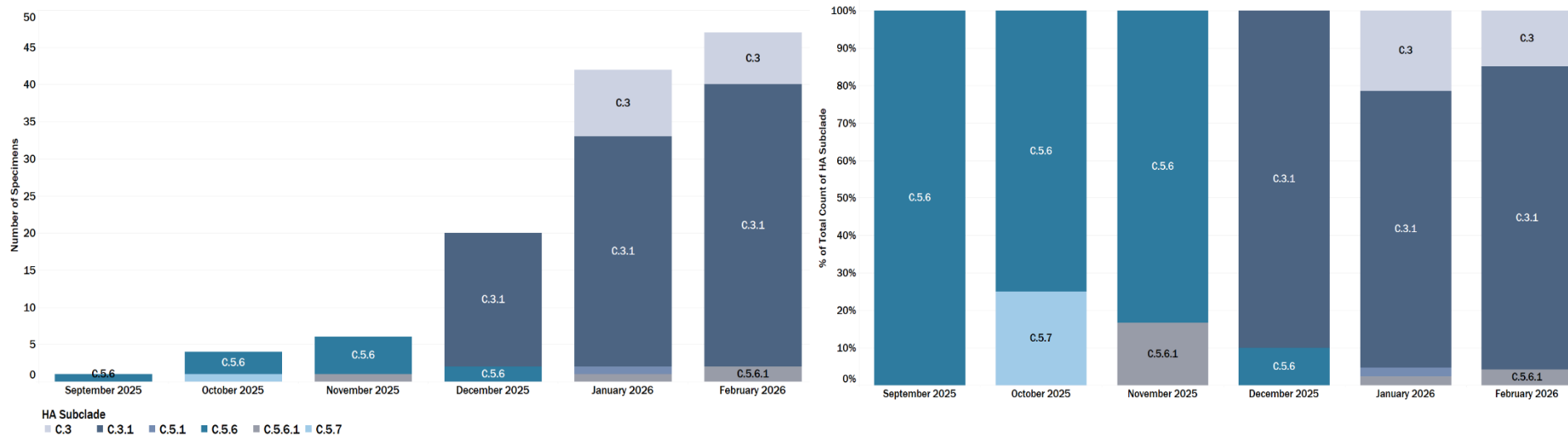
DoW Phylogenetic Analyses – B/Victoria HA



| Clade/Subclade | No. | % |
|----------------|-----|-------|
| V1A.3a.2 | 121 | 100% |
| C.3 | 16 | 13.2% |
| C.3.1 | 87 | 71.9% |
| C.5.1 | 2 | 1.7% |
| C.5.6 | 11 | 9.1% |
| C.5.6.1 | 4 | 3.3% |
| C.5.7 | 1 | 0.8% |



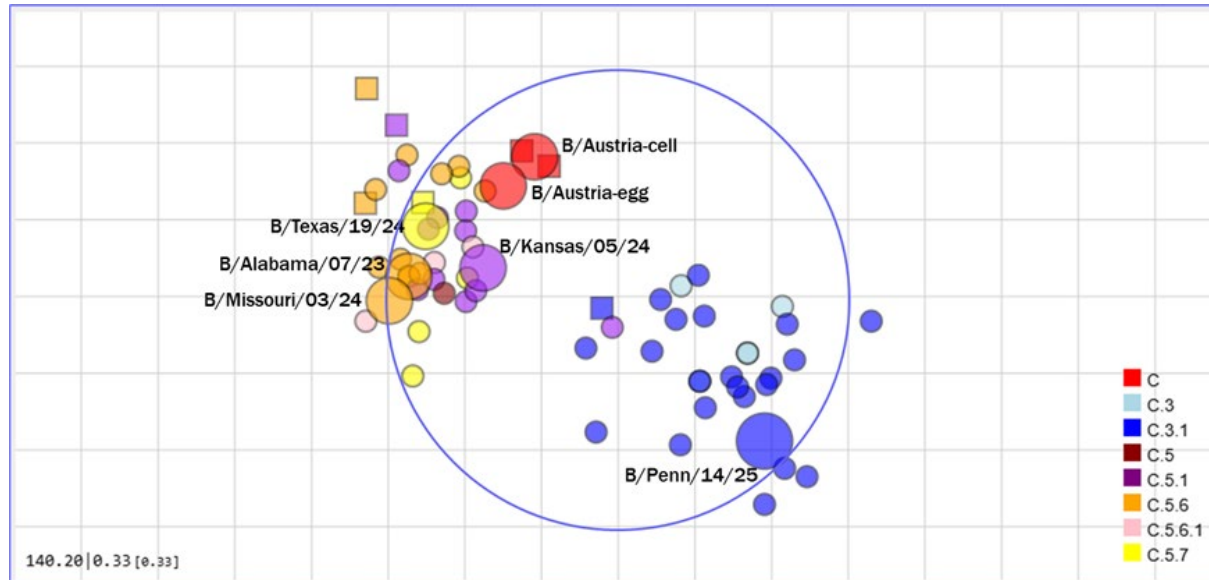
B/Vic Subclade Dynamics



- Subclade C.5.6 predominated early in the season but was replaced by C.3.1
- Other subclades such as C.3 and C.5.6.1 have still persisted in low numbers



DoW Antigenic Cartography: Influenza B isolates



- Subclade C.3 and C.3.1 viruses are antigenically separated from C and C.5 viruses.
- Subclade C.3 and C.3.1 viruses are well recognized by B/Pennsylvania/14/2025.



B/Victoria HINT Titer Table



| | | Reference Antisera | | | | | | |
|-----------------|--------------------------|--------------------|------------------|------------|------------|------------|------------|-------|
| | | B/Aus/1359417/21 | B/Aus/1359417/21 | B/PA/14/25 | B/KS/05/24 | B/MO/03/24 | B/TX/19/24 | |
| | | c | e | C.3.1 | C.5.1 | C.5.6 | C.5.7 | |
| Clade | | C | C | C.3.1 | C.5.1 | C.5.6 | C.5.7 | |
| Reference Virus | B/Austria/1359417/2021 c | C | 2560 | 1280 | 640 | 2560 | 2560 | 2560 |
| | B/Austria/1359417/2021 e | C | 1280 | 1280 | 1280 | 5120 | 5120 | 2560 |
| | B/Pennsylvania/14/2025 | C.3.1 | 80 | 40 | 640 | 160 | 80 | 320 |
| | B/Kansas/05/2024 | C.5.1 | 640 | 320 | 1280 | 5120 | 2560 | 2560 |
| | B/Missouri/03/2024 | C.5.6 | 320 | 320 | 320 | 1280 | 5120 | 5120 |
| | B/Texas/19/2024 | C.5.7 | 640 | 320 | 640 | 5120 | 5120 | 10240 |
| | | | | | | | | |
| Test Virus | B25011 | C.3 | 320 | 80 | 1280 | 160 | 320 | 640 |
| | B25013 | C.3 | 320 | 80 | 640 | 160 | 160 | 320 |
| | B25016 | C.3 | 320 | 320 | 1280 | 320 | 640 | 640 |
| | B25017 | C.3 | 320 | 80 | 1280 | 160 | 160 | 320 |
| | B25027 | C.3.1 | 160 | 80 | 1280 | 160 | 160 | 320 |
| | B25036 | C.3.1 | 160 | 160 | 1280 | 160 | 160 | 640 |
| | B25048 | C.3.1 | 320 | 80 | 640 | 80 | 160 | 320 |
| | B26008 | C.3.1 | 640 | 160 | 1280 | 640 | 320 | 640 |
| | B26010 | C.3.1 | 640 | 80 | 2560 | 640 | 640 | 640 |
| | B25045 | C.5 | 640 | 320 | 640 | 2560 | 5120 | 2560 |
| | B25046 | C.5.1 | 320 | 320 | 1280 | 5120 | 5120 | 5120 |
| | B25047 | C.5.1 | 320 | 320 | 640 | 2560 | 5120 | 5120 |
| | B25020 | C.5.1 | 640 | 640 | 1280 | 5120 | 5120 | 5120 |
| | B25037 | C.5.1 | 640 | 160 | 2560 | 640 | 640 | 2560 |
| | B25010 | C.5.6 | 640 | 320 | 320 | 2560 | 5120 | 5120 |
| | B25014 | C.5.6 | 640 | 320 | 320 | 2560 | 5120 | 5120 |
| | B26003 | C.5.6 | 640 | 320 | 320 | 2560 | 2560 | 5120 |
| | B25033 | C.5.6 | 1280 | 640 | 640 | 5120 | 5120 | 5120 |
| | B25023 | C.5.6.1 | 640 | 320 | 640 | 5120 | 5120 | 5120 |
| | B25042 | C.5.6.1 | 640 | 640 | 1280 | 2560 | 5120 | 5120 |
| | B25009 | C.5.7 | 320 | 160 | 640 | 1280 | 5120 | 5120 |
| | B25030 | C.5.7 | 320 | 160 | 320 | 1280 | 2560 | 2560 |
| B25008 | C.5.7 | 640 | 320 | 1280 | 2560 | 5120 | 5120 | |

- Antisera to the subclade C.3.1 strain B/Pennsylvania/14/2025 (cell) inhibited subclade C and C.3.1 viruses much better than other antisera, and still provided moderate protection against subclade C.5.1, C.5.6.1, and C.5.7 strains.



DoW Influenza Surveillance Summary (1)



- The DoW respiratory surveillance network maintains extensive global coverage and capabilities.
- Significant VE for DoW beneficiaries was highest among adults and dependents with A(H3N2) and dependents with B, and generally higher among adults in most flu types.
- Significant VE in active component population was moderate for A(H3N2) and low to moderate for overall and influenza A (all subtypes).
- RT-PCR data were contributed by DCPH-D, NAMRU-EAC (Ghana Det.), NAMRU-EAC (Cario Det.), NAMRU-IP, NHRC, NAMRU-S, WRAIR-Africa, LPMC, PHC-P, TAMC, WRAIR-EME, WRAIR-AFRIMS
- Sequence data were contributed by DCPH-D, LPMC, NAMRU-EAC (Ghana Det.), NAMRU-S, NHRC, PHC-P, TAMC, WRAIR-Africa, and WRAIR-AFRIMS.



DoW Influenza Surveillance Summary (2)



- 138 Influenza A(H1N1)pdm09 sequences were characterized: the dominant HA subclade was D.3.1 and the dominant NA clade was D.1 (data not shown). Circulating viruses are more closely related to A/Missouri/11/2025 than to A/Wisconsin/67/2022 and A/Victoria/4897/2022.
- 1,041 Influenza A(H3N2) sequences were characterized: the dominant HA subclade was K and the dominant NA clade was B.4.2.2 (data not shown). Circulating viruses are more closely related to A/Darwin/1415/2025-like and A/Darwin/1454/2025-like viruses than to A/District of Columbia/27/2023 and A/Croatia/10136RV/2023.
- 141 Influenza B/Victoria sequences were characterized: the dominant HA subclade was C.3.1 and the dominant NA clade was B.7.1 (data not shown). Circulating viruses are more closely related to B/Tokyo/EIS13-175/2025 and B/Pennsylvania/14/2025 than to B/Austria/1359417/2021.
- Our data agree with the WHO Northern Hemisphere influenza vaccine strain selections.



Questions?



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DHA PUBLIC HEALTH
**ARMED FORCES HEALTH
SURVEILLANCE DIVISION**

Questions?



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Back-up Slides

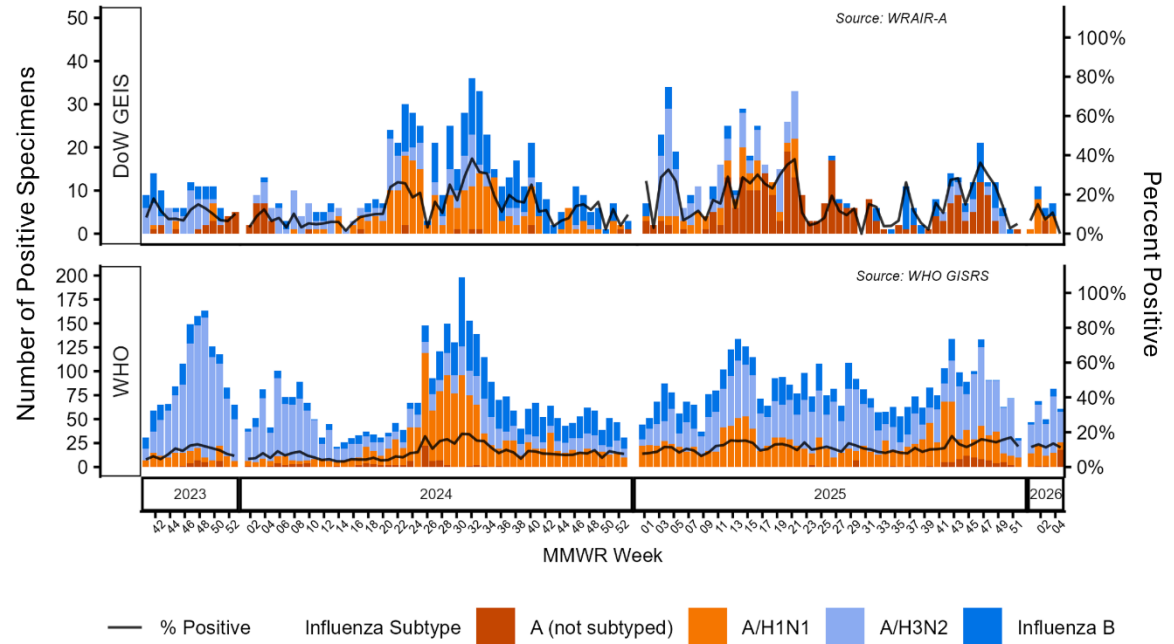




Influenza Surveillance: Subtype Circulation - East Africa



- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.

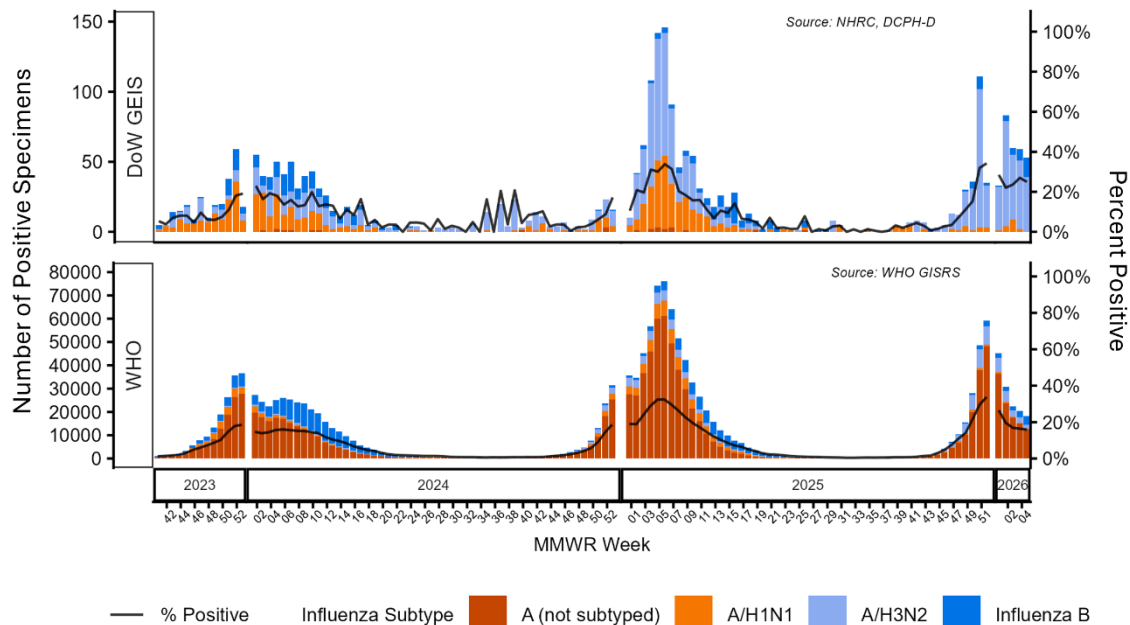




Influenza Surveillance: Subtype Circulation - North America



- Data collected from the GEIS surveillance network typically mirror what is seen in WHO FluNet and, in some cases, may be the primary source of data.
- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.

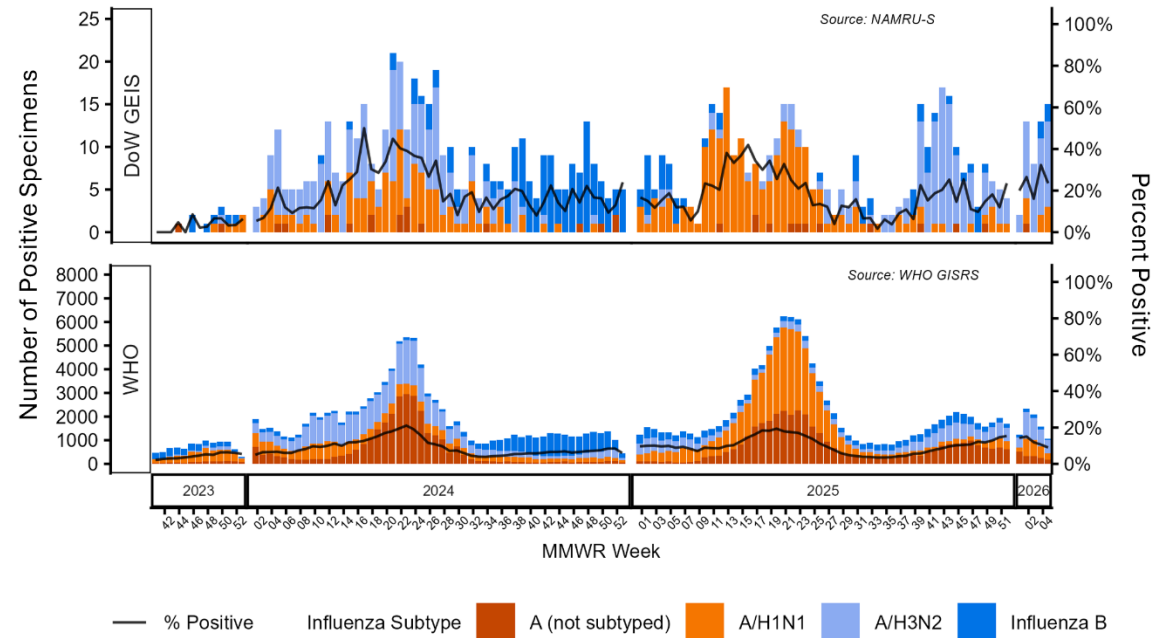




Influenza Surveillance: Subtype Circulation - South America



- Data collected from the GEIS surveillance network typically mirror what is seen in WHO FluNet and, in some cases, may be the primary source of data.
- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.

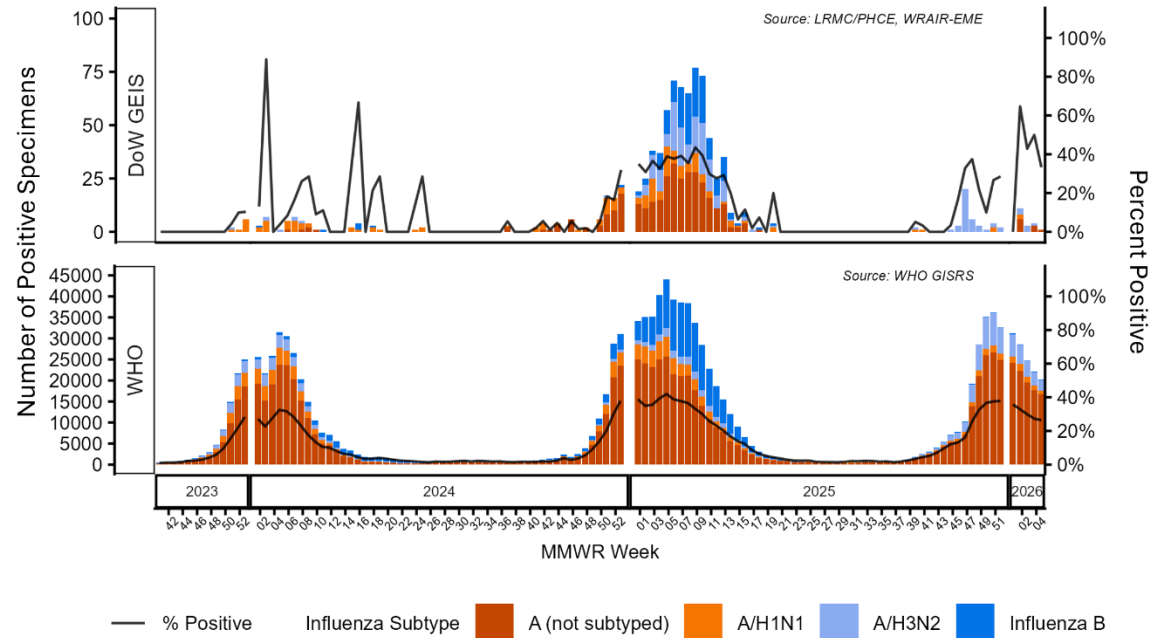




Influenza Surveillance: Subtype Circulation - Europe



- Data collected from the GEIS surveillance network typically mirror what is seen in WHO FluNet and, in some cases, may be the primary source of data.
- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.

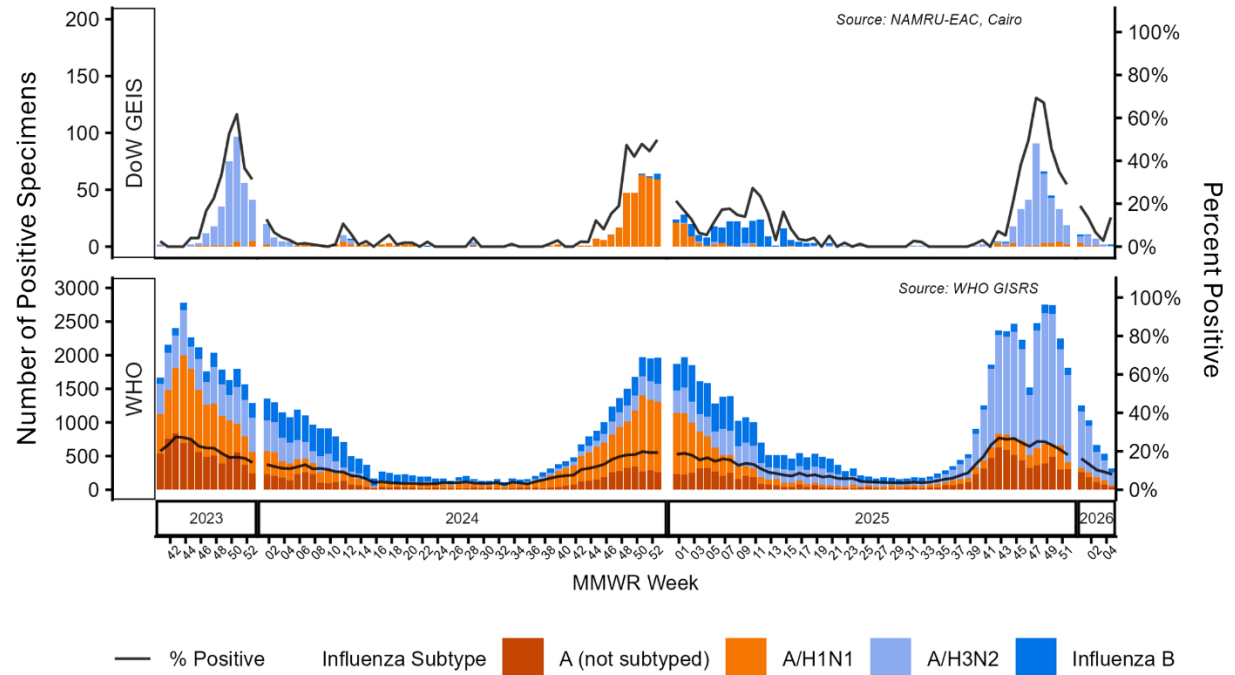




Influenza Surveillance: Subtype Circulation - Middle East



- Data collected from the GEIS surveillance network typically mirror what is seen in WHO FluNet and, in some cases, may be the primary source of data.
- Differences highlight the importance of using this surveillance stream to identify key samples for sequencing and advanced characterization.





Beneficiary VE: Case/Control Characteristics (2 of 2)

| Characteristic | | Cases n=312 No.(%) | Controls n=692 No.(%) | p-Value |
|--------------------|--------------------------|--------------------------|-----------------------------|---------|
| Geographic Region | Eastern U.S. | 52 (16.6) | 140 (20.2) | 0.0010 |
| | Western U.S. | 91 (29.2) | 264 (38.2) | |
| | Other | 169 (54.2) | 288 (41.6) | |
| Vaccination Status | Vaccinated | 211 (67.6) | 466 (67.3) | 0.9283 |
| | Unvaccinated | 101 (32.4) | 226 (32.7) | |
| Influenza Status | Influenza A(H1N1)pdm09 | 10 (3.2) | 0 (0) | <0.0001 |
| | Influenza A(H3N2) | 131 (42.0) | 0 (0) | |
| | Influenza A/not subtyped | 125 (40.1) | 0 (0) | |
| | Influenza B | 46 (14.7) | 0 (0) | |
| | Not Influenza | 0 (0) | 692 (100) | |